## NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: Panhandle [LOMA] HMAZ/LMAZ Area: All Panhandle BDTP: IDU SUBPOPULATION: Men (1,12)

	# of surveys completed: 46	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul> <li>56% reported two or more partners in the past year; 35% reported more than 3 partners in the past year.</li> <li>27% of the respondents indicated they had a sex partners in the past year who have HIV.</li> <li>10% of IDU men indicated they knew if at least one of their sex partners in the past year had an STD.</li> <li>19% say they had been treated for an STD in the past year, and nearly 10% indicated they had been treated multiple times in the past year.</li> <li>37% reported engaging in anal sex.</li> <li>Of those engaging in anal sex.</li> <li>Of those engaging in anal sex.</li> <li>40% almost never use a condom for oral sex.</li> <li>40% almost never use a condom for vaginal sex.</li> <li>The locations indicated by IDU men where they engaged in risky behaviors were: home [65%]<sup>1</sup>, someone else's home [63%], cars [39%], hotels [39%], and bars or clubs [35%].</li> <li>The top things IDU men said they do to keep from getting HIV are (in order): only have sex with one partner [37%]<sup>1</sup>, sometimes use a condom [35%], don't share needles or works [35%], don't abuse drugs or alcohol [26%], always use condoms [22%], and abstinence [22%]. Survey respondents indicated a similar pattern of responses for protection against STDs.</li> </ul>	<ul> <li>A high proportion of the respondents reported they have engaged in sex with multiple partners. This contrasts with the number one method respondents indicated for reducing their risk, being in a monogamous relationship.</li> <li>There is a moderate to high prevalence of HIV and STDs in the population based on the morbidity profile for this area. The 2000 Epidemic Profile should be consulted for additional differences between racial/ethnic subpopulations for this behavioral classification.</li> <li>Reported condom use is similar to that reported in the risk profile.</li> <li>IDU men indicated they engaged in risky behaviors at both public and private locations. This should be taken into account when trying to reach this population.</li> </ul>

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<sup>\*</sup>Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

<sup>&</sup>lt;sup>2</sup> Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

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*Knowledge (9,11)	<ul> <li>Among IDU men:</li> <li>80% indicated that anal sex without a condom may increase a person's chance of getting HIV, 78% for getting STDs other than HIV.</li> <li>63% and 74% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV and 72% and 70%, respectively, for getting STDs other than HIV.</li> <li>80% indicated that sex-trade work may increase a person's chance of getting HIV, and 74% for getting STDs other than HIV.</li> <li>78% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 80% for getting STDs other than HIV.</li> <li>85% indicated sex with more than one partner may increase a person's chance of getting HIV and 78% for getting STDs other than HIV.</li> <li>87% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 65% for getting STDs other than HIV.</li> <li>80% indicated that having sex with men may increase a person's chance of getting HIV and 74% for getting STDs other than HIV.</li> <li>83% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 74% for getting STDs other than HIV.</li> <li>65% indicated that blood transfusions may increase a person's chance of getting HIV and 74% for getting STDs other than HIV.</li> <li>65% indicated that needle sticks may increase a person's chance of getting HIV, 52% for getting STDs other than HIV.</li> <li>70% indicated that needle sticks may increase a person's chance of getting HIV, 52% for getting STDs other than HIV.</li> <li>78% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV, 52% for getting STDs other than HIV.</li> </ul>	Approximately 80% of the respondents showed good knowledge of HIV and STD transmission routes. The responses for STD transmission routes are lower than observed in HIV responses.
*Attitudes & beliefs (10,32,34)	<ul> <li>and 65% for getting STDs other than HIV.</li> <li>On average, IDU men indicated they strongly agreed that a person should tell their sex partner(s) if they have HIV or an STD whether using condoms or not.</li> </ul>	Primary barriers to condom use were they were too drunk or high, partner trust, partner
	<ul> <li>The top reasons IDU men indicated they had sex without a condom are (in order): they were drunk or high [48%]<sup>1</sup>, don't like condoms [39%], they trust their partner [33%], condoms were not available [22%], and partner refused to use condoms [11%].</li> <li>69% indicated they were not likely to get HIV.</li> </ul>	refusal, condoms not being available, and not liking condoms.  • Considering the morbidity rates in this community, and the risk activities, the personal

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*Current communication skills (14)	<ul> <li>71% indicated they were not likely to get an STD.</li> <li>75% of the IDU men who responded indicated they have talked about getting HIV with at least some of their partners.</li> <li>74% of the IDU men who responded indicated they have talked about getting an STD other than HIV with at least some of their partners.</li> </ul>	perception of risk may be low.  • Approximately three-quarters of the IDU men indicated they have discussed risks for an STD or HIV with their partner. This suggests communication is occurring between IDU men and their partners in this area. It should be noted that just because they are discussing risks, that the communication is not necessarily effective.
*Social/peer support (17)	When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of IDU men indicated they would tell:  • Their family; 93% for HIV, 54% for an STD.  • Their current partner(s); 91% for HIV, 74% for an STD.  • Their past partner(s); 89% for HIV, 74% for an STD.  • Their friends; 88% for HIV, 62% for an STD.	The majority of the respondents reported they would be comfortable telling family, friends and partners if they contracted HIV. The responses for STDs were lower than for HIV, particularly for family and friends.
Testing history/need for testing (18-23)	<ul> <li>71% of survey respondents indicated they have tested in the past year.</li> <li>Of those who were tested, they tested an average of 2 times per year.</li> <li>The top reasons IDU men indicated they have tested are (in order): had sex without using a condom [30%]<sup>1</sup>, and part of routine care [28%].</li> <li>The reasons IDU men indicated they have not tested were (in order): don't think they are at risk [4%]<sup>1</sup>, don't want to know if they have HIV [2%], and not sexually active [2%].</li> <li>13% of those surveyed indicated they have tested positive for HIV, and half of these individuals have progressed to AIDS.</li> <li>46% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.7 times a year.</li> <li>47% of IDU men who have tested for an STD in the past year indicated they have tested positive for an STD. Half of those treated for an STD in the past year were treated multiple times.</li> <li>The top reasons cited for not testing for an STD were (in order): do not think they are at risk [22%]<sup>1</sup>, and</li> </ul>	<ul> <li>Testing proportions for these respondents is high with 71% of this group testing each year. Those who test, do so an average of 2 times a year, about one tests for every 1.5 partners reported last year. Emphasis should be placed on getting those who don't test and engage in risky activities to test regularly and overcoming the barriers to their testing.</li> <li>39% of respondents indicated HIV testing as a preventive behavior, part of routine care, curious about HIV status, and due to recognition of risks as an IDU.</li> <li>A high proportion of the respondents indicated they were tested for an STD in the past year. The frequency of</li> </ul>

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	not sexually active [20%].  • 15% of respondents indicated they have tested for Hepatitis A in the past year, 22% for Hepatitis B, 44% for Hepatitis C, and 46% tested for Tuberculosis. 15% of respondents who didn't test indicated they did not test because they did not believe they were at risk for those diseases, 24% indicated they had no symptoms, and 13% indicated they did not know where to get tested.	testing (1.7 times a year for those who tested) is approximately one test for every two partners in the past year.  • Between 15 and 50% of respondents indicated they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers, particularly for Hepatitis C in this population.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	<ul> <li>The top locations IDU men go for an HIV test are (in order): other public clinic [22%]¹, public STD clinic [17%], corrections [15%], and hospital [9%].</li> <li>The top locations IDU men go for an STD test are (in order): public STD clinic [13%]¹, other public clinic [13%], and doctor's office [11%].</li> <li>27% of respondents indicated barriers in their community to seeking prevention services. The barriers mentioned were: that the programs or clinics are too crowded or the wait is too long [9%]¹, don't have transportation [6%], the hours the programs are offered are inconvenient [6%], family or friends may find out [4%], the community is too small [4%], and they have to go to different locations for the services they need [4%].</li> <li>The top locations where IDU men have gotten HIV and STD information are (in order): community-based organizations [30%]¹, drug treatment centers [28%], counseling and testing centers [22%], other health clinics [20%], health care providers [17%], and public health clinics [17%].</li> <li>The top locations where IDU men have gotten information on HIV and STDs that has helped them are (in order): community-based organizations [35%]¹, counseling and testing sites [24%],drug treatment centers [22%], other health clinics [22%], health care providers [17%], and public health clinics [22%], health care providers [17%], and public health clinics [22%], health care providers [17%], and public health clinics [22%], health care providers [17%], and public health clinics [22%], health care providers [17%], and public health clinics [22%], health care providers [17%], and public health clinics [17%].</li> </ul>	<ul> <li>The primary source for HIV testing is through public clinics, but many seek care at private providers, hospitals, and through corrections.</li> <li>27% of respondents indicated barriers to accessing HIV and STD prevention services. Convenience and confidentiality are the primary issues identified as barriers to accessing services.</li> <li>The primary source of HIV and STD information and useful information reported by the survey respondents was primarily through community-based organizations, public funded clinics, private providers, and drug treatment centers.</li> </ul>
Prevention needs (35-39)	For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic information on HIV/STDs [39%]¹, how to have safe	Basic information on HIV/STDs, drug abuse counseling and treatment, how to have safe sex, and

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sex [33%], drug abuse counseling and treatment [30%], how to talk with partners about using condoms [30%], and how to clean needles and works [28%].  • Primary locations where IDU men indicated they would get information on HIV and STDs in the future are (in order): community-based organizations [76%] <sup>1</sup> , public health clinics [63%], other health clinics [61%], health care providers [54%], counseling and testing centers [52%], and drug treatment centers [46%].  • Primary locations where IDU men indicated they would NEVER get information on HIV or STDs in the future are (in order): work [35%] <sup>1</sup> , church [35%], bars [35%], bath houses [28%], schools [20%], and shelters [15%].	communication skills training lead the activities wanted by IDU men as needed services.  • The primary locations where IDU men indicated they would go to get HIV and STD information are community-based organizations, public clinics, private providers, and drug treatment centers.  • The primary locations where IDU men would never seek HIV or STD prevention messages are bars, bathhouses, work, church, schools, and shelters.

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Specific Information about HIV <sup>+</sup> from HIV <sup>+</sup> risk profiles  Other	Statewide for all HIV positive IDU men²:  47% of IDU men HIV positive individuals indicated they never used a condom for anal sex, 46% for vaginal sex, and 65% for oral sex.  20% indicated an STD diagnosis in the past year.  51% indicated more than 1 sex partner in the past year.  17% indicated selling sex and 20% bought sex in the past year.  88% indicated substance use with sex in the past year.  62% of HIV positive IDU men shared injection equipment in the previous year.  72% indicated their partners were at risk, and 46% indicated their partners had multiple partners.  The top drugs used during sex were: alcohol [61%]¹, cocaine [61%], marijuana [42%], heroin [35%], and amphetamines [22%].  For all HIV positive IDU men in the Panhandle [LOMA] CPG Area²:  33% of HIV positive IDU men almost never used a condom for anal sex in the past year. 60% indicated never using a condom for vaginal sex and 69% of these men reported never using a condom for oral sex.  35% indicated an STD diagnosis in the past year.  5% of HIV positive IDU men in LOMA indicated selling sex in the past year, and 10% indicated buying sex.  80% indicated substance use with sex in the past year.  5% of HIV positive IDU men in LOMA shared injection equipment in the previous year.  45% of HIV positive IDU men in LOMA shared injection equipment in the previous year.  75% indicated their partners had multiple partners.  The top drugs used during sex were: alcohol [75%]¹, cocaine [65%], marijuana [45%], amphetamines [40%], and heroin [25%].	<ul> <li>The proportion of IDU men positives reporting using a condom is similar to that reported in the needs assessment.</li> <li>The proportion of HIV positives with a recent STD diagnosis is significant, between two and four in ten having an STD in the past year. This is particularly alarming since half to three-quarters reported multiple sex partners in the past year and between 10 and 20% engaging in sex trade.</li> <li>Approximately three-quarters of HIV positive IDU men indicated their partner was at risk for HIV or an STD.</li> <li>Between 45 and 60% of HIV positive IDU men shared injection equipment in the last 12 months.</li> <li>The drugs of choice for HIV positives are alcohol, cocaine, marijuana, amphetamines, and heroin.</li> </ul>
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